## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000056114

Entity Name: AKARLAR SIGNING LOAN SOLUTION LLC

**Current Principal Place of Business:** 

1152 NW 2ND STREET MIAMI, FL 33128

**Current Mailing Address:** 

P.O. BOX 12985 MIAMI. FL 33101

FEI Number: 47-3580660 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LACAYO, KARLA N 1152 NW 2ND STREET MIAMI, FL 33128 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Apr 04, 2016

**Secretary of State** 

CC8399612916

## Authorized Person(s) Detail:

Title MGR

Name LACAYO, KARLA N Address 1152 NW 2ND STREET

City-State-Zip: MIAMI FL 33128

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**MGR** 

SIGNATURE: KARLA N LACAYO

Electronic Signature of Signing Authorized Person(s) Detail

04/04/2016 Date